

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

03 JUL 15 PM 5:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000079970

1. Entity Name
MEDICOR HEALTHCARE, INC.



Principal Place of Business
9301 S.W. 56TH ST.
STE F
MIAMI, FL 33165

Mailing Address
9301 S.W. 56TH ST.
STE F
MIAMI, FL 33165

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3737640**

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**SADORF, RICK W ESQ.
696 1ST AVE. N., STE. 201
ST. PETERSBURG, FL 33701**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating.) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$650.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP LEON, GILBERTO 3911 OAKLIMB CT. TAMPA, FL 33614 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 600021783786 07/25/03--01019--020 **61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV LEON-PONS, ADONYS 3148 WEST CORDELIA STREET TAMPA, FL 336071824 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVST NARANJO, LESTER 3706 W. IDLEWILD AVE. APT. 400 TAMPA, FL 33614 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ DATE: **6-25-03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Amended

CR2E034 (10/02)